Fill in this information to identify your	case:				
Debtor 1 Celia Marie	Zelinski				
Debtor 2 (Spouse, if filing)					
United States Bankruptcy Court for the	e: DISTRICT OF NEW J	ERSEY			
Case number 19-32727				Ch	eck if this is:
(If known)					An amended filing
					A supplement showing postpetition chapter 13 income as of the following date:
Official Form 106I					MM / DD/ YYYY
Schedule I: Your Inc	ome				12/15
Part 1: Describe Employment 1. Fill in your employment information.	:	Debto	or 1		Debtor 2 or non-filing spouse
If you have more than one job,		■ Employed □ Not employed			■ Employed
attach a separate page with information about additional	Employment status*				☐ Not employed
employers.	Occupation	Hair stylist			Driver
Include part-time, seasonal, or self-employed work.	Employer's name	Capri Corporate Management		nt	WJZ Trucking
Occupation may include student or homemaker, if it applies.	Employer's address				
	How long employed the	nere?	10 yrs *See Attachment for Ad	dditi	25 Years onal Employment Information

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2.

3. Estimate and list monthly overtime pay.

3.

4. Calculate gross Income. Add line 2 + line 3.

4.

		For Debtor 1		Debtor 2 or filing spouse
2.	\$	0.00	\$	0.00
3.	+\$	0.00	+\$	0.00
4.	\$	0.00	\$	0.00

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Celia Marie Zelinski	-	C	Case number (if known)	_1	9-32727		
					For Debtor 1		For Debtor		
	Cop	by line 4 here	4.		\$ 0.00	_	\$	0.00	-
5.	l ief	all payroll deductions:							_
J.	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 0.00	,	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b		\$ 0.00		\$	0.00	_
	5c.	Voluntary contributions for retirement plans	50		\$ 0.00		\$	0.00	_
	5d.	Required repayments of retirement fund loans	50		\$ 0.00		\$	0.00	_
	5e.	Insurance	5e	€.	\$ 0.00	;	\$	0.00	_)
	5f.	Domestic support obligations	5f.		\$ 0.00	,	\$	0.00	_
	5g.	Union dues	5g		\$ 0.00		\$	0.00	
	5h.	Other deductions. Specify:	_ 5h	1.+	\$0.00	+ 3	\$	0.00	<u> </u>
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$,	\$	0.00	<u></u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$,	\$	0.00	<u> </u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	a .	\$ 0.00		\$ 1.	,032.00	
	8b.	Interest and dividends	8b).	\$ 0.00		\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80) .	\$ 0.00		\$	0.00	_ _
	8d.	Unemployment compensation	80	i.	\$2,704.00		\$	0.00	<u> </u>
	8e.	Social Security	8e	€.	\$0.00	. :	\$	0.00	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$0.00		\$	0.00	_
	8g.	Pension or retirement income	89	,	\$0.00		\$	0.00	
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$ 0.00	+ 3	\$	0.00	<u></u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,704.00	. [\$ <i>*</i>	1,032.0	0
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,704.00 + \$		1,032.00	= \$	3,736.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	2,704.00		1,032.00		3,730.00
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe		•		in Schedule	e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certaillies						\$	3,736.00
13.	Do	you expect an increase or decrease within the year after you file this form	?					Combi monthl	ned ly income
		No.							
		Voc Evoloin:							

Case 19-32727-VFP Doc 48 Filed 06/03/20 Entered 06/03/20 11:01:58 Desc Main Document Page 3 of 6

Debtor 1	Celia Marie Zelinski	Case number (if known)	19-32727
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Official Form B 6l Attachment for Additional Employment Information

Debtor	
Occupation	Hair stylist
Name of Employer	Salon Deja Vu/Moulin Rouge
How long employed	15 yrs
Address of Employer	399 Rte
	46 West
	Rockaway, NJ 07866

Official Form 106l Schedule I: Your Income page 3

Fill	in this information	on to identify yo	our case:			1		
Deb	otor 1	Celia Marie 2	Zelinski			Che	eck if this is: An amended fili	na
Deb	tor 2							howing postpetition chapter
(Spo	ouse, if filing)						13 expenses as	of the following date:
Unit	ed States Bankrup	otcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYY	Y
	e number 19-3	32727						
Of	fficial For	m 106J				_		
S	chedule .	J: Your	Expen	ses				12/1
info		re space is ne	eded, atta	If two married people a ch another sheet to this n.				
Par		e Your House	hold					
1.	Is this a joint							
	■ No. Go to li	=.	in a sonar	ate household?				
	□ 103. 2003	Debioi 2 iive	iii a sopait	ate nousenoid.				
	=	s. Debtor 2 mus	st file Officia	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of De	btor 2.	
2.	Do you have	dependents?	■ No					
	Do not list Deb Debtor 2.	otor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state th							□ No
	dependents na	ames.			-		_	□ Yes □ No
								□ Yes
								□ No
								□ Yes □ No
								☐ Yes
3.	Do your expe			No			_	
	expenses of p	people other to your depende		Yes				
Par		e Your Ongoi						
exp	imate your exp enses as of a d blicable date.	enses as of you	our bankru bankruptc	iptcy filing date unless y is filed. If this is a sup	you are using this fo plemental <i>Schedule</i>	orm as a s e <i>J</i> , check	supplement in a (the box at the to	Chapter 13 case to report p of the form and fill in the
the	value of such	assistance an		government assistance luded it on <i>Schedule I:</i>			Vaur	
(Ott	ficial Form 106	l.)					Tour e	expenses
4.		home owners any rent for the		ses for your residence. r lot.	Include first mortgage	e 4.	\$	1,852.00
	If not include	d in line 4:						
	4a. Real es	tate taxes				4a.	\$	0.00
	4b. Property	, homeowner's				4b.	\$	0.00
				pkeep expenses dominium dues		4c. 4d.	·	25.00
5.				oominium dues o <mark>ur residence,</mark> such as ho	ome equity loans	4a. 5.		0.00 0.00

6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Colther. Specify: 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Colther. Specify: 6c. Childcare and children's education costs 8. \$ 0. Childcare and children's education costs 8. \$ 0. Childcare and children's education costs 9. \$ 0. Personal care products and services 10. \$ 0. Personal care products and services 11. \$ 10. \$ 0. Personal dare products and services 11. \$ 12. \$ 80. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 80. \$ 80. Charitable contributions and religious donations 13. \$ 0. Charitable contributions and religious donations 14. \$ 0. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0. Cher insurance. Do not include taxes deducted from your pay or included in lines 4 or 20. 15b. Health insurance 15c. Vehicle insurance 15c. \$ 0. Cher insurance. Specify: 15c. \$ 0. Cher insurance. Specify: 15c. \$ 0. Cher insurance specify: 17c. Car payments for Vehicle 1 17a. \$ 0. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Cher. Specify: 17c. Cher. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify:	ebtor 1	Celia Marie Zelinski	Case num	ber (if known)	19-32727
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. S. 275 6d. Other. Specify: 6d. Other. Specify: 6d. S. Other. Specify: 6d. Other. Specify: 6d. S. Other payments for Vehicle 2 10. Septiment of Lease payments. 10. Septiment, clubed gas, maintenance, bus or train fare. 10. De resonal care products and services 11. S. 130 12. Septiment, clubs, recreation, newspapers, magazines, and books 13. Septiment, clubs, recreation, newspapers, magazines, and books 13. Septiment, clubs, recreation, newspapers, magazines, and books 14. S. Other table contributions and religious donations 15. Insurance. 16. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Septiment, clubs insurance deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance 15b. Septiment, clubs and religious donations 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance specify: 15d. Other insurance, Specify: 16d. Other insurance, Specify: 17d. Car payments for Vehicle 1 17a. S. 299 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 19. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5. Schedule I, Your Income (Official Form 106I). 17d. S. Other. Specify: 190. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. S. Other. Specify: 20b. Real estate taxes 20c. Homeowner's association or condominium dues 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Homeowner's association or condominium dues 20c. Property, homeowner's, or renter's insurance 20c. Homeowner's association or condominium dues	[l+ili+	ies.			
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0. Personal care products and services	-			· -	0.00
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				·	2 520 00
	220.7	nuu iirie 22a ariu 22b. Trie resuit is your monthiy expenses.		Ψ	ა,ⴢაყ.00
3. Calculate your monthly net income.	. Calcı	ulate your monthly net income.			
			23a.	\$	3,736.00
				·	3,539.00
200. 90pg yearonung expenses nom and 225 above.	200.	Topy you. Morning Experience from the ZZO above.	200.	*	3,333.00
23c. Subtract your monthly expenses from your monthly income.	230	Subtract your monthly expenses from your monthly income			
The result is your <i>monthly net income</i> .	200.		23c.	\$	197.00
				L	
4. Do you expect an increase or decrease in your expenses within the year after you file this form?	. Do v	ou expect an increase or decrease in your expenses within the year after y	ou file this	form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease becau	For ex	xample, do you expect to finish paying for your car loan within the year or do you expect you			ease or decrease because o
modification to the terms of your mortgage?					
■ No.	■ No	0.			
☐ Yes. Explain here:					

Fill in this infor	mation to identify your	case:		
Debtor 1	Celia Marie Zelins	ski		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
_	19-32727			
(if known)				■ Check if this is ar
				amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Dio	d you pay or agree to pay someone who is NOT an attorney to	help	you fill out bankruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	der penalty of perjury, I declare that I have read the summary to they are true and correct.	and s	schedules filed with this declaration and
X	/s/ Celia Marie Zelinski	X	
	Celia Marie Zelinski Signature of Debtor 1		Signature of Debtor 2
	Date June 3, 2020		Date